| AO435<br>(Rev. 04/18; WDVA Rev. 11/19) | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS<br><br>**TRANSCRIPT ORDER FORM** | FOR COURT USE ONLY<br><br>DUE DATE: |
|---|---|---|

*Please Read Instructions on Page 2.*

| 1. **REQUESTOR'S INFORMATION:** | NAME<br><br>Michael R. Hoernlein | TELEPHONE NUMBER<br>704-444-1000 |
|---|---|---|
| DATE OF REQUEST<br>05/30/2024 | EMAIL ADDRESS (*Transcript will be emailed to this address.*)<br><br>michael.hoernlein@alston.com | |
| MAILING ADDRESS<br>1120 South Tryon Street, Suite 300 | | CITY, STATE, ZIP CODE<br>Charlotte, NC 28203 |

| 2. **TRANSCRIPT REQUESTED:** | NAME OF COURT REPORTER   Sindie Bragg<br><br>OR   CHECK HERE ☐   IF HEARING WAS RECORDED BY FTR |
|---|---|

| CASE NUMBER<br>3:22cv00049 | CASE NAME<br>Baby Doe et al. v. Joshua Mast, et al. | JUDGE'S NAME<br>Norman Moon |
|---|---|---|
| DATE(S) OF PROCEEDING(S)<br>05/29/2024 | TYPE OF PROCEEDING(S)<br><br>Motion Hearing | LOCATION OF PROCEEDING<br><br>Charlottesville Courthouse |

REQUEST IS FOR:  (*Select one*)   ☑ FULL PROCEEDING   OR   ☐ SPECIFIC PORTION(S) (*Must specify below*)

SPECIFIC PORTION(S) REQUESTED (*If applicable*):

| 3. **SERVICE TURNAROUND CATEGORY REQUESTED:**<br>(*See Page 2 for descriptions of each service turnaround category.*) | |
|---|---|
| ☐ Ordinary  (30-Day) | ☐ Daily |
| ☑ 14-Day | ☐ Hourly |
| ☐ Expedited  (7-Day) | ☐ RealTime |
| ☐ 3-Day | |

| 4. **CERTIFICATION:**   By signing below, I certify that I will pay all charges (deposit plus additional). | |
|---|---|
| DATE<br>05/30/2024 | SIGNATURE<br>/s/ Michael R. Hoernlein |

**If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.**

**Transcript Fee Rates can be found on our website under Standing Orders or by clicking here.**

**NOTE:**  Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.